

**GOVERNOR DOYLE'S TASK FORCE TO IMPROVE ACCESS TO ORAL HEALTH**  
**MARCH 11, 2005**  
**MEETING MINUTES**

**Members Present:** Bill Bazan, Stephanie Burrell, David Carroll, Carl Eisenberg, Curt Gielow, Monica Hebl, Wendy MacDougall, Mark Miller, Midge Pfeffer, Carrie Stempski, Graciela Villadoniga.

At 9:30 am, the meeting was called to order by Donna Wong, Governor Doyle's office, the facilitator of this meeting.

The minutes for the February 18 meeting were approved.

Medicaid Reimbursement Rate

The Task Force reviewed the Medicaid reimbursement models they had requested. Andy Snyder reviewed the fiscal estimates. The discussion focused on whether a reimbursement increase would guarantee improved access.

The Task Force has, in past meetings, stated that Wisconsin needs to make oral health financing a priority. There has also been support for improvements in the reimbursement rate for dentists but the current deficit in the Medicaid program requires the Task Force to prioritize funding items to make sure that their recommendations are most able to result in increased access to oral health.

Monica Hebl expressed her doubts about small increases in the reimbursement rate attracting more dentists to provide care to Medicaid patients and thereby increase the number of patient who receive care.

Bill Bazan pointed out that the ten-percent increase in the next two years was aimed more at keeping the dentists who currently make Medicaid claims.

The members were not ready to make any recommendation on the reimbursement rate.

Federally Qualified Health Centers (FQHCs)

Several members of the Task Force wanted more information on the development of FQHCs, satellite offices, efficiency of this delivery method, and private practice partnerships. Earlier in the week, Wendy MacDougall requested information on the funding, operations, and client base of state funded health clinics, like the rural dental clinics. Curt Gielow stressed the importance of working with the federal government to make sure that Wisconsin gets a fair share of 1,200 new FQHCs projected by the federal government.

Recommendations on Dental Hygiene Practice

The two dental hygiene associations presented the information requested by the Task Force at the February 18 meeting. There were several questions before the members started voting on recommendations under this topic.

**The Task Force recommends:**

- Expanding the sites where dental hygienists can perform their existing scope of practice by modifying Section 447.06 of the Wisconsin Statutes as follows:

Wisconsin Statutes 447.06

- (2) (a) A hygienist may practice dental hygiene or perform remediable procedures only as an volunteer, employee, or as an independent contractor. ~~and only as follows:~~
- ~~1. In a dental office.~~
  - ~~2. For a school board or a governing body of a private school.~~
  - ~~3. For a school for the education of dentists or dental hygienists.~~
  - ~~4. For a facility, as defined in s. 50.01 (1m), a hospital, as defined in s. 50.33 (2), a state or federal prison, county jail or other federal, state, county or municipal correctional or detention facility, or a facility established to provide care for terminally ill patients.~~
  - ~~5. For a local health department, as defined in s. 250.01 (4).~~
  - ~~6. For a charitable institution open to the general public or to members of a religious sect or order.~~
  - ~~7. For a nonprofit home health care agency.~~
  - ~~8. For a nonprofit dental care program serving primarily indigent, economically disadvantaged or migrant worker populations.~~

Monica Hebl asked to be recorded as voting no.

- Aligning the legal scope of practice with accreditation standards by modifying Section 447.01(3)(d) of the Wisconsin Statutes as follows:

Wisconsin Statutes 447.01

Definitions. In this chapter:

- (3) “Dental hygiene” means the performance of educational, preventive or therapeutic dental services. “Dental hygiene” includes any of the following:
- d) Conducting a substantive medical or dental history interview or ~~preliminary~~ examination of a dental patient’s oral cavity or surrounding structures, including the preparation and presentation to patients of a case history or recording of clinical findings.

Monica Hebl asked to be recorded as voting no.

- That the Governor convene a study group to examine the feasibility of developing an advanced practice dental hygienist education program in Wisconsin. The group could include the Wisconsin Dental Association, the dental hygiene associations, Wisconsin Technical College System, the Marquette School of Dentistry, the UW System and other health providers.

Following this discussion, the Task Force began to strategize on the remaining topics.

#### Licensing Out-of-State Dentists

The Task Force asked DHFS staff to develop some alternatives on licensing foreign-trained dentists in Wisconsin.

#### **The Task Force recommends:**

- That the Governor support clarifying federal regulations that allow both dental hygienists and dentists to provide mandated dental examinations for children enrolled in Early Head Start and Head Start.

#### Teledentistry

Midge Pfeffer asked to hear from Nancy Rublee, the Price County Oral Health Coordinator, on her concerns about teledentistry. The Task Force asked staff to find information on cost-effectiveness of teledentistry.

Since telemedicine in all forms is growing across the country, the Task Force asked DHFS staff to get them more information on existing limitations to teledentistry in Wisconsin.

#### Emergency Room Visits Relating to Oral Health

The Task Force asked DHFS staff to quantify dental problems that are addressed by emergency rooms. Members discussed creation of a medical code for dental emergencies addressed in emergency rooms. DHFS staff will see if something like this currently exists.

After this discussion, the Task Force reviewed their brainstorming list to determine what further information they needed to make recommendations.

**Funding for Portable/Mobile Equipment:** The Task Force asked DHFS staff to look for models and cost estimates for mobile oral health programs.

**Public Education:** The Task Force would like to make a recommendation to increase use of public service announcements, paid and earned media to encourage and educate children in proper nutrition and oral disease prevention. Education on teeth guard usage was also discussed.

**State Regional Dental Staff:** The Task Force asked DHFS staff to get them more information on regional oral health staff. They would like information on the training they provide, the case-management they do, their outreach efforts, and the cost of adding staff hours in each region.

**Hospitals with Dental Staff:** The Task Force asked DHFS staff to check with Bill Bazan or find out how many hospitals currently have a dentist on staff or connected to the organization.

**Clear Path Presentation:** The Task Force asked DHFS staff to check with Dr. Lori Barbeau about doing a presentation on Clear Path, the Children's Hospital education program that helps Medicaid patients learn the proper procedures for their dental appointments.

Behind the Counter Fluoride: The Task Force discussed a recommendation that would allow behind the counter fluoride varnish and fluoride toothpaste. The members asked DHFS staff to check on other states that are doing this and if we would need FDA approval.

**The Task Force recommends:**

- That the state provide \$25,000 in annual, non-lapsing funding for communities to fluoridate their water supply. Under current law, the state provides \$3,500 annually using funds from the Federal Prevention Block Grant.

At the April 8 meeting, the Task Force:

- Will hear a presentation from the Wisconsin Office of Rural Health on loan forgiveness programs and on shortage area designations.
- Asked for a presentation from the Wisconsin Primary Health Care Association on developing FQHCs, satellites and partnerships.
- DHFS dental managed care report and recommendations.
- Requested information on remaining topics.

Before adjourning the meeting, the members discussed the agenda for the upcoming meetings. Since the Task Force wants to make sure that their recommendations are considered during the legislative budget session, they want to finish no later than the end of May.

The Task Force members recommended that we hold a public hearing on Friday, May 13 from 9:30 am to Noon on the recommendations for the report to the Governor.

The Task Force adjourned the meeting at 1:55 p.m.

The next meeting of the Task Force will be Friday, April 8 at the Department of Health and Family Services, Room 751. The meeting will begin at 9:30 am.

The remaining Task Force meetings are scheduled for:

Friday, April 8 at DHFS, Room 751  
Friday, April 15 at DHFS, Room 751  
Friday, May 13 – Public Hearing at the State Capitol, Room 411 South  
Tuesday, May 24 (2 pm to 4 pm) – Final Report